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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing**OR**Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	02-022.7
First Named Inventor	Tiesler
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Sonic Weld Sunroof Trim Ring***(Title of the Invention)*

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number:  OR  Correspondence address below

## Name

Andreou &amp; Casson, Ltd., ATTN: Heather A. Wakefield

## Address

332 South Michigan Avenue, Suite 1144

## City

Chicago

## State

Illinois

## ZIP

60604

## Country

United States

## Telephone

312-935-2000

## Fax

312-935-2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) John M.Family Name  
or Surname TeelerInventor's  
Signature

## Date

1-5-04

## Residence: City

HARRISON Twp

## State

MICH

## Country

USA

## Citizenship

USA

## Mailing Address

37670 MAPLEHILL

## City

HARRISON Twp

## State

MICH

## ZIP

48045

## Country

USA

## NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) JimFamily Name  
or Surname MestemakerInventor's  
Signature

## Residence: City

## State

## Country

## Citizenship

## Mailing Address

## City

## State

## ZIP

## Country



Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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## Name

Andreou &amp; Casson, Ltd., ATTN: Heather A. Wakefield

## Address

332 South Michigan Avenue, Suite 1144

City Chicago	State Illinois	ZIP 60604
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Country United States	Telephone 312-935-2000	Fax 312-935-2001
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NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) John M.	Family Name or Surname Ticsler
--	--------------------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
------	-------	-----	---------

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Jim	Family Name or Surname Mestemaker
--	---

Inventor's Signature	Date
-------------------------	------

Residence: City Lambertville	State MI	Country USA	Citizenship USA
---------------------------------	-------------	----------------	--------------------

Mailing Address

3133 Chanson Valley

City Lambertville	State MI	ZIP 48144	Country USA
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael C.		Dykman	
Inventor's Signature		Date 1/7/04	
Residence: City	LAKE ORION	State	MI
Country	USA	Citizenship USA	
Mailing Address 660 RENFREW AVE.			
Mailing Address			
City	LAKE ORION	State	MI
Zip	48362	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott		Arnold	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael C.		Dykman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott D.		Arnold	
Inventor's Signature		Date	
Signature		1/6/04.	
Residence: City	State	Country	Citizenship
Mailing Address 33404 Colony Park.			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Tiesler
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	02-022.7

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Heather A. Wakefield	53,732
Bill Panagos	31,050
Larry Shelton	45,100

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Andreou & Casson, Ltd., ATTN: Heather A. Wakefield		
Address	332 South Michigan Avenue		
Address	Suite 1144		
City	Chicago	State	Illinois
Country	United States		
Telephone	312-935-2000	Fax	312-935-2001

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	<i>John Tiesler</i>		
Signature	<i>John Tiesler</i>		
Date	12-10-03	Telephone	313-240-3805

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket Number	02-022.7

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<input checked="" type="checkbox"/>	Firm or Individual Name	Andreou & Casson, Ltd., ATTN: Heather A. Wakefield			
Address		332 South Michigan Avenue			
Address		Suite 1144			
City	Chicago	State	Illinois	Zip	60604
Country	United States				
Telephone	312-935-2000	Fax	312-935-2001		

I am the:

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**SIGNATURE of Applicant or Assignee of Record**

Name	<i>Tom Martemaker</i>		
Signature	<i>Tom Martemaker</i>		
Date	12/15/03	Telephone	313-240-3105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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OR

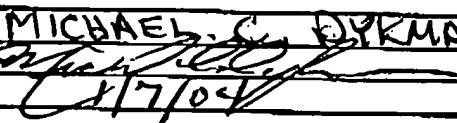
<input checked="" type="checkbox"/>	Firm or Individual Name	Andreou & Casson, Ltd., ATTN: Heather A. Wakefield			
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Address	Suite 1144				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	MICHAEL S. DYKMAN		
Signature			
Date	1/7/04	Telephone	313-240-3459

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**SIGNATURE of Applicant or Assignee of Record**

Name	Sgtz D. Avera		
Signature	<i>1/16/04</i>		
Date	1/16/04	Telephone	312-290-3573

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